

FILED

Jun 15, 2022

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

Christopher Elliott # AA3733
Name and Prisoner Booking Number

New Folsom State Prison
Place of Confinement

P.O. Box 290066 B-7-110
Mailing Address

RePresa, CA 95671-0000
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Christopher Desmond Elliott #AA3733
(Full Name of Plaintiff) Plaintiff,

v.

CASE NO. 2:22-cv-1040-KJN (PC)

(To be supplied by the Clerk)

(1) R. Ehlers - C.D.C.R. Peace Officer
(Full Name of Defendant)

(2) S. Leatherman - C.D.C.R. Peace Officer

(3) A. Shearer - C.D.C.R. Peace Officer

(4) K. McKenna - C.D.C.R. Peace Officer
Defendant(s).

☐ Original Complaint

☒ First Amended Complaint

☐ Second Amended Complaint

☐ Check if there are additional Defendants and attach page 1-A listing them

"Demand Jury Trial"

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: CSP Sacramento

B. DEFENDANTS

1. Name of first Defendant: R. Ehlers. The first Defendant is employed as:
Peace Officer at CSP - SACRAMENTO
(Position and Title) (Institution)
2. Name of second Defendant: S. Leatherman. The second Defendant is employed as:
Peace Officer at CSP - SACRAMENTO
(Position and Title) (Institution)
3. Name of third Defendant: A. Sheeal. The third Defendant is employed as:
Peace Officer at CSP - SACRAMENTO
(Position and Title) (Institution)
4. Name of fourth Defendant: K. McKenna. The fourth Defendant is employed as:
Peace Officer at CSP - SACRAMENTO
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? 0. Describe the previous lawsuits:

a. First prior lawsuit:

1. Parties: _____ v. _____
2. Court and case number: _____
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

b. Second prior lawsuit:

1. Parties: _____ v. _____
2. Court and case number: _____
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

c. Third prior lawsuit:

1. Parties: _____ v. _____
2. Court and case number: _____
3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: 8th Amendment

2. **Claim I.** Identify the issue involved. Check only one. State additional issues in separate claims.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Basic necessities | <input checked="" type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input checked="" type="checkbox"/> Retaliation |
| <input checked="" type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

ON Thursday JANUARY 21, 2021 AT APPROXIMATELY 12:59 HOURS OFFICER R. EHLERS ESCORTED me TO Cell #105 ON Block-B8. I Told C/O-R. EHLERS That I had safety concerns That I Didnt want To Be on the Unit. OFFICER R. EHLERS went IN and hand Restraints To Place ON me. AS OFFICER K. MCKENNA maintained control OF the Triangle. OFFICER R. EHLERS "GRABED" me AND Push me AS HARD AS he could AND I fall ON my BACK, THEN OFFICER K. MCKENNA CALLED me A Nigger. They kept me locked IN A CAGED cell FOR A hour year. They would "Feed" me my food FOR days. THEN they USED C/O-DEFENDANT CARLINA To "have me sign misinfraction" PAPER, Just To have me Kicked OUT To A G.P. YARD ON B-YARD To Be Killed. my grandfather "Die" Last year 2021, AND I was Left some money, The DEFENDANT'S who is named took the money they had somebody IN falsom mail Room TAKE The PAY Check.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

C/O-R. EHLERS KNOCKED my "teeth" out my mouth. I have PTSD now.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☐ Yes ☒ No
- Did you appeal your request for relief on Claim I to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Because C/O-R. EHLERS Told me he would kill me. Also C/O-G. HERRERA Took The copy'S OF The 602'S

CLAIM II

1. State the constitutional or other federal civil right that was violated: 8th Amendment

2. **Claim II.** Identify the issue involved. Check only one. State additional issues in separate claims.

- ☐ Basic necessities ☒ Mail ☐ Access to the court ☐ Medical care
☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☒ Retaliation
☐ Excessive force by an officer ☒ Threat to safety ☐ Other: 8th Amendment

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Defendant - R. Ehler, Defendant - K. McKenna, Defendant - S. Leathers,
 Defendant - A. Shearer. They "filed" FAKES notes up ~~to~~ PAPERWORK
 To have me "killed" on the yard. Which is Elson B. Vard.
 Then they filed FAKES PAPERWORK IN THE "COURT" AND ORDER
 TO have me killed. Because they knew I would have to
 walk to video court where the G.P. Tomatoes are at.
 That was last year 2021. Defendant - G. Hernandez also
 is with them as well. ALSO ALL OF THE DEFENDANTS
 THAT IS NAMED DEFENDANT - K. McKenna, Defendant - S. Leathers,
 Defendant - A. Shearer, Defendant - R. Ehler, Defendant - M. Pitts.
 They were not "feeding" me my food. As well as Defendant -
 Manner. They kept me locked up in a caped cell
 ALL OF THE DEFENDANTS DID THE SAME "VIOLATIONS" TO ME
 PER PENAL CODE. DEFENDANT - MANNER WAS NOT LETTING NONE
 OF MY MAIL GO OUT TO MY FAMILY OR TO MY FAMILY
 ATTORNEY. I AM ASKING THAT ALL OF MY GO2 BE SENT TO
 THE COURTS SO YOU CAN SEE THERE IS FEEL PLAY GOING
 ON.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5/22/22

5. **Administrative Remedies.**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
 b. Did you submit a request for administrative relief on Claim II? ☐ Yes ☒ No
 c. Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☒ No
 d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. BECAUSE THEY TOLD ME IF I DO IT, THEY WERE GOING TO HAVE ME KILLED.

CLAIM III

1. State the constitutional or other federal civil right that was violated: 8th Amendment

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

DEFENDANT - R. EHLERZ, DEFENDANT - S. LEATHERMAN, DEFENDANT - A. SHAWER
DEFENDANT - K. MCKEON. They told me they will have me
KILLED AS WELL AS DEFENDANT - MANNER, DEFENDANT - PITT'S

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

what they did gave me PTSD AND OTHER MENTAL
HEALTH PROBLEMS.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- Did you submit a request for administrative relief on Claim III? ☐ Yes ☒ No
- Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

I Am seeking pain in suffering, etc. in Prisonment And
I want my "money" BACK That Them DEFENDANT'S who
is NAME TOOK. They Fired DEFENDANT S. Leatherman But
But he was not the only one that had something to do
with it. my family also have copy's of the pay check.
That The DEFENDANT'S TOOK

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5.27.2022
DATE


SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

STATE OF CALIFORNIA
**MEDICAL REPORT OF INJURY
 OR UNUSUAL OCCURRENCE**
 CDCR 7219 (Rev. 01/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

| | | | | | |
|---|--|---|--|---------------------------------------|--|
| NAME OF INSTITUTION CSP- SAC | | LOCATION OF EVALUATION B 4 dining | | DATE 1-21-21 | |
| REASON FOR REPORT <input type="checkbox"/> ALLEGATION <input type="checkbox"/> ON THE JOB INJURY <input type="checkbox"/> USE OF FORCE <input type="checkbox"/> INJURY <input type="checkbox"/> OTM RETURNS | | | | | |
| <input checked="" type="checkbox"/> UNUSUAL OCCURRENCE <input type="checkbox"/> PRE AD/SEG ADMISSION <input type="checkbox"/> R&R <input checked="" type="checkbox"/> OTHER persisting peace officer | | | | | |
| NAME LAST ELLIOTT FIRST C | | CDCR NUMBER AA3737 | | VISITOR ID # (SOMS) N/A | |
| PLACE OF OCCURRENCE B4 - dining | | DATE OF OCCURRENCE 1-21-21 | | TIME OF OCCURRENCE 1259 | |
| | | TIME SEEN 1503 | | RN NOTIFIED TIME N/A | |
| | | | | PHYSICIAN NOTIFIED TIME N/A | |

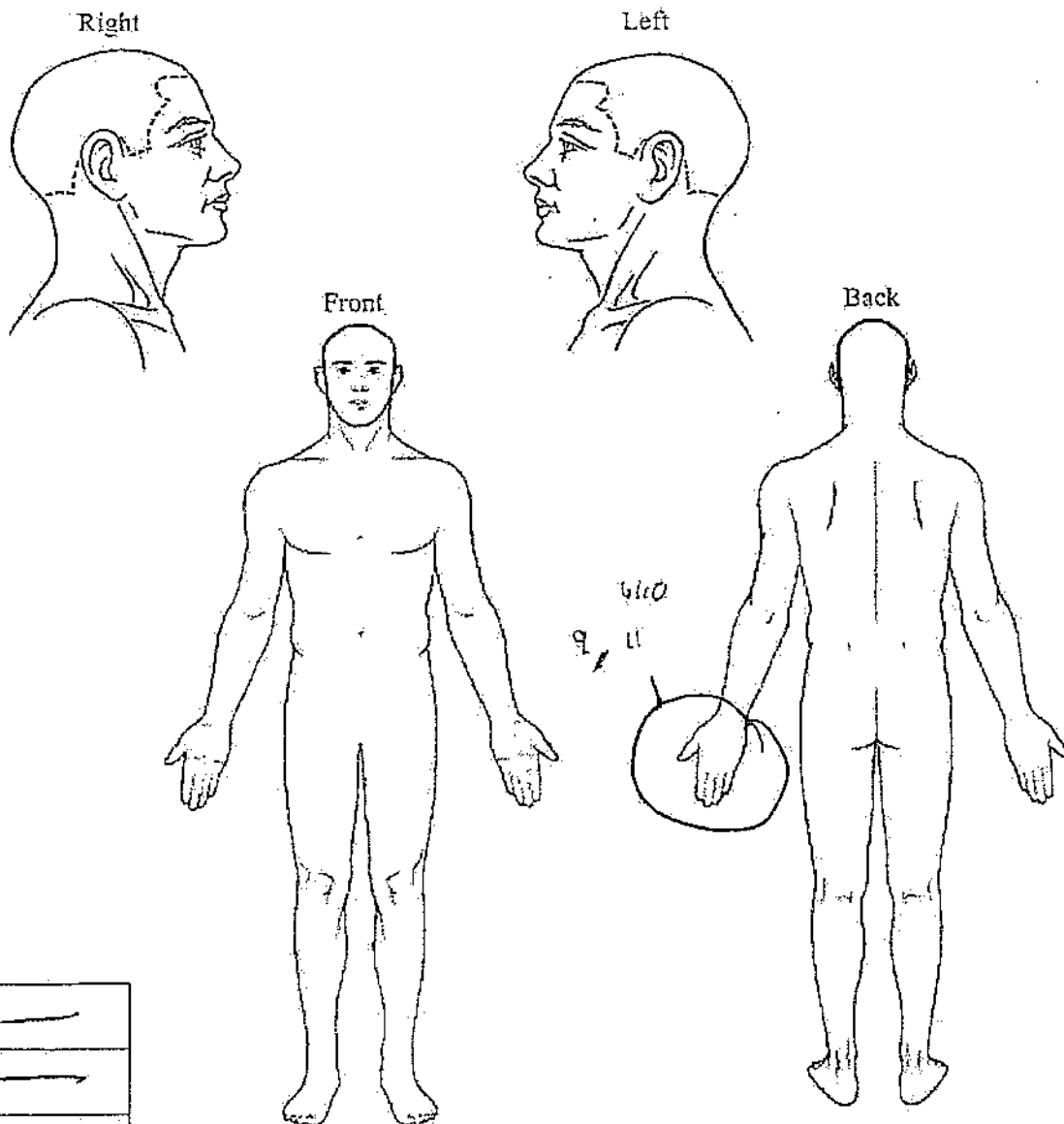
BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

I am suicidal I gotta go, I just got injury on my hand."

| | |
|--|--------------------|
| INJURIES FOUND? | YES / NO |
| Abrasion/Scratch | 1 |
| Active Bleeding | 2 |
| Broken Bone | 3 |
| Bruise/Discolored Area | 4 |
| Burn | 5 |
| Dislocation | 6 |
| Dried Blood | 7 |
| Fresh Fats | 8 |
| Cut Laceration/Slash | 9 |
| Swollen Area | 10 |
| Pain | 11 |
| Protrusion | 12 |
| Puncture | 13 |
| Reddened Area | 14 |
| Skin Flap | 15 |
| Pre-Existing | 16 |
| Other | 17 |
| | 18 |
| Chemical Agent Exposure? | YES (NO) |
| Chem. Agent Exposure Area | EX |
| Decontaminated w/ Water | YES (NO) / REFUSED |
| Decontaminated w/ Air? | YES (NO) / REFUSED |
| Self-decontamination instructions given? | YES (NO) |
| Staff issued Exposure packet? | YES (NO) |

| | |
|-----------------------|-----------------------|
| Initial | 1 st Check |
| 2 nd Check | Final |

TIME/DISPOSITION



REPORT COMPLETED BY: TITLE (PRINT AND SIGN)

K. Jackson P.T.

ASSIGNMENT AREA

PSU3 / LTRH

| | | |
|-------------------------------|---|------------------------------------|
| CDCR | INCIDENT REPORT PACKAGE | PAGE: 24 |
| REPORT NO. ITR161 - 12 | INCIDENT LOG NUMBER: 000000000017430 | PROCESSED: 02/08/2021 06:34 |
| | ELECTRONIC DOCUMENT | REQUESTOR: L. Bales |

DOCUMENT TYPE: Medical Report of Injury or Unusual Occurrence
TITLE: ELLIOTT CDCR 7219
PREPARED BY STAFF MEMBER INVOLVED: C. Pierce
PAGE NUMBER: 1

(If document file type is supported, document will start on the next page)